



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

September 28, 2006

S. 1531 **Keeping Seniors Safe from Falls** **and Reauthorization of the Traumatic Brain Injury Act**

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on September 20, 2006*

SUMMARY

S. 1531 would authorize appropriations for activities related to injuries and traumatic brain injury (TBI) conducted by the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). It also would authorize and expand certain ongoing activities at CDC related to injuries due to falls experienced by older Americans, and would allow consortia of American Indians to receive HRSA grants for improving access to TBI services.

Assuming the appropriation of the authorized amounts, CBO estimates that implementing S. 1531 would cost \$126 million in 2007 and \$1.6 billion over the 2007-2011 period. Enacting S. 1531 would not affect direct spending or revenues.

S. 1531 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of is shown in the following table. The costs of this legislation fall within budget function 550 (health).

BASIS OF ESTIMATE

For this estimate, CBO assumes that S. 1531 will be enacted near the start of fiscal year 2007, that the necessary amounts will be appropriated for each fiscal year, and that outlays will follow the historical spending rates of similar NIH, CDC, and HRSA programs.

	By Fiscal Year, in Millions of Dollars					
	2006	2007	2008	2009	2010	2011
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law						
Budget Authority ^a	391	0	0	0	0	0
Estimated Outlays	391	260	44	15	1	0
Proposed Changes						
Estimated Authorization Level	0	399	411	417	426	0
Estimated Outlays	0	126	349	388	410	281
Spending Under S. 1531						
Estimated Authorization Level ^a	391	399	411	417	426	0
Estimated Outlays	391	386	393	403	411	281

a. The 2006 level is the amount appropriated that year for trauma- and injury-related activities at NIH, CDC, and HRSA.

S. 1531 would modify the Public Health Service Act to authorize funding through fiscal year 2010 for NIH and HRSA activities related to trauma and for CDC activities related to injuries and TBI. The bill would expand the scope of HRSA's program of grants to improve access to TBI treatment by allowing consortia of American Indians to receive grants that currently are restricted to states. The bill also would require the CDC and NIH to conduct a study on the prevalence of TBI and the efficacy of medical interventions against it. CBO estimates that the NIH, CDC, and HRSA would require budget authority of \$399 million for 2007 and \$1.7 billion for the 2007-2011 period to carry out the activities specified in S. 1531. That total is equivalent to the 2006 appropriation level with an adjustment for anticipated inflation. Assuming appropriation of the necessary amounts, CBO estimates that implementing S. 1531 would cost \$126 million in 2007 and \$1.6 billion over the 2007-2011 period.

The NIH estimates that it will allocate \$325 million to trauma-related activities in 2006. S. 1531 would authorize the appropriation of such sums as are necessary for such activities over the 2007-2010 period. Based on historical program expenditures at NIH and adjusting for inflation, CBO estimates that it would require budget authority of \$333 million for 2007 and \$1.4 billion over the 2007-2011 period to conduct the authorized activities.

Implementing S. 1531 at the NIH would cost \$99 million in 2007 and \$1.3 billion over the 2007-2011 period, CBO estimates, assuming appropriation of the necessary amounts and that spending for the programs would follow historical patterns for similar activities.

Based on information from the CDC, CBO estimates that for 2006 the CDC allocated about \$58 million to research, education, and prevention activities described by S. 1531, including activities related to TBI and falls among the elderly. S. 1531 would authorize the appropriation for those activities of \$58 million for 2007, and such sums as are necessary for those activities for fiscal years 2008 through 2010. The bill also would direct CDC to engage in new research, education campaigns, and demonstration programs related to the effects and prevention of injuries due to falls among seniors. CBO estimates that CDC would require \$250 million in budget authority over the 2007-2011 period, including the \$58 million that would be authorized for 2007, to implement those provisions. Based on historical spending patterns for similar activities, and assuming appropriation of authorized and necessary amounts, CBO estimates that implementing continued CDC activities would cost \$23 million in 2007 and \$236 million over the 2007-2011 period.

HRSA allocated \$8 million in 2006 for grants to states to expand access to care for TBI. S. 1531 would authorize the appropriation of such sums as are necessary for those activities over the 2007-2010 period, and would expand the program to allow consortia of American Indians to receive such grants. Based on historical spending of the programs, CBO estimates that the agency would require budget authority of \$8 million in 2007 and \$36 million over the 2007-2011 period to carry out activities specified during the period specified by the bill. CBO estimates that implementing those provisions of S. 1531 would cost \$4 million in 2007 and \$36 million over the 2007-2011 period, assuming appropriation of necessary amounts and that future rates of spending follow historical patterns for similar activities.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1531 contains no intergovernmental or private-sector mandates as defined in UMRA. State governments and Indian consortia would benefit from grant funding authorized by the bill. Any costs incurred by those entities to qualify for such grants would be incurred voluntarily as conditions of federal assistance.

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